

**WAC 388-828-9660 How does the residential algorithm calculate your daily critical support time?** The residential algorithm uses the following chart to calculate your daily critical support time score:

| Qualifying Scores from Supports Intensity Scale<br>(per WAC 388-828-4200 through 388-828-4320) |                             |   |                                       |                                 |                                      |           |     |  |
|--|-----------------------------|---|---------------------------------------|---------------------------------|--------------------------------------|-----------|-----|--|
| SIS Activity:  | If your type of support is: | And your frequency of support score is: | And your daily support time score is: | Then your critical task hours = | Enter one time for each SIS activity |           |     |  |
| A2: Bathing and taking care of personal hygiene and grooming needs                             | 1 or more                   | 0                                       | 0 or more                             | 0                               |                                      |           |     |  |
|  |                             | 1                                       | 0 or more                             | 0                               |                                      |           |     |  |
|  |                             | 2                                       | 0 or more                             | 0                               |                                      |           |     |  |
|  |                             | 3                                       | 0                                     | 0                               |                                      |           |     |  |
|  |                             |   | 1                                     | .25                             |                                      |           |     |  |
|  |                             |   | 2                                     | 1                               |                                      |           |     |  |
|  |                             |   | 3                                     | 3                               |                                      |           |     |  |
|  |                             | 4                                       | 4                                     | 5                               |                                      |           |     |  |
|  |                             |   | 0                                     | 0                               |                                      |           |     |  |
|  |                             |   | 1                                     | .25                             |                                      |           |     |  |
|  |                             |   | 2                                     | 1                               |                                      |           |     |  |
|  |                             | A3: Using the toilet                    | 1 or more                             | 0                               |                                      | 0 or more | 0   |  |
|  |                             |   |                                       | 1                               |                                      | 0 or more | 0   |  |
|  |                             |   |                                       | 2                               |                                      | 0 or more | 0   |  |
|  |                             |   |                                       | 3                               |                                      | 0         | 0   |  |
|  |                             |   |                                       |                                 |                                      | 1         | .25 |  |
| 2  | 1                           |   |                                       |                                 |                                      |           |     |  |
| 3  | 3                           |   |                                       |                                 |                                      |           |     |  |
| 4  | 4                           |   |                                       | 5                               |                                      |           |     |  |
|  | 0                           |   |                                       | 0                               |                                      |           |     |  |
|  | 1                           |   |                                       | .25                             |                                      |           |     |  |
|  | 2                           |   |                                       | 1                               |                                      |           |     |  |
| A4: Dressing   | 1 or more                   |   |                                       | 0                               | 0 or more                            | 0         |     |  |
|  |                             |   |                                       | 1                               | 0 or more                            | 0         |     |  |
|  |                             |   |                                       | 2                               | 0 or more                            | 0         |     |  |
|  |                             |   |                                       | 3                               | 0                                    | 0         |     |  |
|  |                             |   |                                       |                                 | 1                                    | .25       |     |  |
|  |                             | 2                                       | 1                                     |                                 |                                      |           |     |  |
|  |                             | 3                                       | 3                                     |                                 |                                      |           |     |  |
|  |                             | 4                                       | 4                                     | 5                               |                                      |           |     |  |
|  |                             |   | 0                                     | 0                               |                                      |           |     |  |
|  |                             |   | 1                                     | .25                             |                                      |           |     |  |
|  |                             |   | 2                                     | 1                               |                                      |           |     |  |
|  |                             |   | 3                                     | 3                               |                                      |           |     |  |
|  |                             |   | 4                                     | 5                               |                                      |           |     |  |
|  |                             |   | 0                                     | 0                               |                                      |           |     |  |
|  |                             |   | 1                                     | .25                             |                                      |           |     |  |
|  |                             |   | 2                                     | 1                               |                                      |           |     |  |
| 3  | 3                           |   |                                       |                                 |                                      |           |     |  |
| 4  | 5                           |   |                                       |                                 |                                      |           |     |  |
|  | 0                           |   | 0                                     |                                 |                                      |           |     |  |
|  | 1                           | .25                                     |                                       |                                 |                                      |           |     |  |
|  | 2                           | 1                                       |                                       |                                 |                                      |           |     |  |
|  | 3                           | 3                                       |                                       |                                 |                                      |           |     |  |
|  | 4                           | 5                                       |                                       |                                 |                                      |           |     |  |

**Qualifying Scores from Supports Intensity Scale  
(per WAC 388-828-4200 through 388-828-4320)**

| SIS Activity:          | If your type of support is: | And your frequency of support score is:               | And your daily support time score is: | Then your critical task hours = | Enter one time for each SIS activity |           |     |  |
|------------------------|-----------------------------|---|---------------------------------------|---------------------------------|--------------------------------------|-----------|-----|--|
| A6: Eating food        | 1 or more                   | 0   | 0 or more                             | 0                               |                                      |           |     |  |
|                        |                             | 1   | 0 or more                             | 0                               |                                      |           |     |  |
|                        |                             | 2   | 0 or more                             | 0                               |                                      |           |     |  |
|                        |                             | 3   | 0                                     | 0                               |                                      |           |     |  |
|                        |                             |   | 1                                     | .25                             |                                      |           |     |  |
|                        |                             |   | 2                                     | 1                               |                                      |           |     |  |
|                        |                             |   | 3                                     | 3                               |                                      |           |     |  |
|                        |                             | 4   | 4                                     | 5                               |                                      |           |     |  |
|                        |                             |   | 0                                     | 0                               |                                      |           |     |  |
|                        |                             |   | 1                                     | .25                             |                                      |           |     |  |
|                        |                             |   | 2                                     | 1                               |                                      |           |     |  |
|                        |                             | A9: Using currently prescribed equipment or treatment | 1 or more                             | 0                               |                                      | 0 or more | 0   |  |
|                        |                             |   |                                       | 1                               |                                      | 0 or more | 0   |  |
|                        |                             |   |                                       | 2                               |                                      | 0 or more | 0   |  |
|                        |                             |   |                                       | 3                               |                                      | 0         | 0   |  |
|                        |                             |   |                                       |                                 |                                      | 1         | .25 |  |
| 2                      | 1                           |   |                                       |                                 |                                      |           |     |  |
| 3                      | 3                           |   |                                       |                                 |                                      |           |     |  |
| 4                      | 4                           |   |                                       | 5                               |                                      |           |     |  |
|                        | 0                           |   |                                       | 0                               |                                      |           |     |  |
|                        | 1                           |   |                                       | .25                             |                                      |           |     |  |
|                        | 2                           |   |                                       | 1                               |                                      |           |     |  |
| E1: Taking medications | 1 or more                   |   |                                       | 0                               | 0 or more                            | 0         |     |  |
|                        |                             |   |                                       | 1                               | 0 or more                            | 0         |     |  |
|                        |                             |   |                                       | 2                               | 0 or more                            | 0         |     |  |
|                        |                             |   |                                       | 3                               | 0                                    | 0         |     |  |
|                        |                             |   |                                       |                                 | 1                                    | .25       |     |  |
|                        |                             | 2   | 1                                     |                                 |                                      |           |     |  |
|                        |                             | 3   | 3                                     |                                 |                                      |           |     |  |
|                        |                             | 4   | 4                                     | 5                               |                                      |           |     |  |
|                        |                             |   | 0                                     | 0                               |                                      |           |     |  |
|                        |                             |   | 1                                     | .25                             |                                      |           |     |  |
|                        |                             |   | 2                                     | 1                               |                                      |           |     |  |
|                        |                             |   | 3                                     | 3                               |                                      |           |     |  |
|                        |                             |   | 4                                     | 5                               |                                      |           |     |  |

| Qualifying Scores from Supports Intensity Scale<br>(per WAC 388-828-4200 through 388-828-4320) |                             |   |                                       |                                 |                                      |           |     |  |
|--|-----------------------------|---|---------------------------------------|---------------------------------|--------------------------------------|-----------|-----|--|
| SIS Activity:  | If your type of support is: | And your frequency of support score is: | And your daily support time score is: | Then your critical task hours = | Enter one time for each SIS activity |           |     |  |
| E2: Ambulating and moving about  | 1 or more                   | 0                                       | 0 or more                             | 0                               |                                      |           |     |  |
|  |                             | 1                                       | 0 or more                             | 0                               |                                      |           |     |  |
|  |                             | 2                                       | 0 or more                             | 0                               |                                      |           |     |  |
|  |                             | 3                                       | 0                                     | 0                               |                                      |           |     |  |
|  |                             |   | 1                                     | .25                             |                                      |           |     |  |
|  |                             |   | 2                                     | 1                               |                                      |           |     |  |
|  |                             |   | 3                                     | 3                               |                                      |           |     |  |
|  |                             | 4                                       | 4                                     | 5                               |                                      |           |     |  |
|  |                             |   | 0                                     | 0                               |                                      |           |     |  |
|  |                             |   | 1                                     | .25                             |                                      |           |     |  |
|  |                             |   | 2                                     | 1                               |                                      |           |     |  |
|  |                             | E3: Avoiding health and safety hazards  | 1 or more                             | 0                               |                                      | 0 or more | 0   |  |
|  |                             |   |                                       | 1                               |                                      | 0 or more | 0   |  |
|  |                             |   |                                       | 2                               |                                      | 0 or more | 0   |  |
|  |                             |   |                                       | 3                               |                                      | 0         | 0   |  |
|  |                             |   |                                       |                                 |                                      | 1         | .25 |  |
| 2  | 1                           |   |                                       |                                 |                                      |           |     |  |
| 3  | 3                           |   |                                       |                                 |                                      |           |     |  |
| 4  | 4                           |   |                                       | 5                               |                                      |           |     |  |
|  | 0                           |   |                                       | 0                               |                                      |           |     |  |
|  | 1                           |   |                                       | .25                             |                                      |           |     |  |
|  | 2                           |   |                                       | 1                               |                                      |           |     |  |
|  | 3                           |   |                                       | 3                               |                                      |           |     |  |
|  | 4                           |   |                                       | 5                               |                                      |           |     |  |

Daily critical support time score = Sum of all times entered.

[Statutory Authority: RCW 71A.12.030 and 71A.12.120. WSR 19-02-020, § 388-828-9660, filed 12/21/18, effective 2/1/19. WSR 08-15-091, recodified as § 388-828-9660, filed 7/17/08, effective 7/17/08. Statutory Authority: RCW 71A.12.30 [71A.12.030] and Title 71A RCW. WSR 08-12-037, § 388-828-10300, filed 5/30/08, effective 7/1/08.]